

# **Exhibit 2**

COPAY SOLUTIONS

# Driving savings and reducing specialty trend with our copay solutions

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SaveOnSP

## About the solution

-  Utilizes Affordable Care Act (ACA) state benchmark to **change client plan design**
-  Select drugs are designated as **Non-Essential Health Benefits (NEHB)**
-  Copays set to maximize manufacturer assistance dollars to **benefit the plan**
-  Targets **270+** specialty drugs in **20 therapy classes**
-  Reduces patient's responsibility to **zero**

### Average assistance per fill across highest utilized therapy classes:

Hepatitis C	\$6,600	Oncology	\$1,800
Cystic Fibrosis	\$2,600	Pulmonary Arterial Hypertension	\$1,300
Multiple Sclerosis	\$1,500	Blood Cell Deficiency	\$830
Inflammatory	\$1,900	Hereditary Angioedema	\$2,000
Hemophilia	\$1,200	Asthma & Allergy	\$1,100

Average savings range from  
**\$4.50 - 6.50 PMPM net savings\***

\*Net of program shared savings fee. Savings may vary based on sponsor's actual utilization or a different benchmark or formulary. Savings do not represent any type of guarantee by SaveOnSP or ESI.

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## What is EHB and NEHB?

In alignment with the Affordable Care Act (ACA), individual states set a benchmark for the number of specialty drugs in each therapy class that must be covered. These are considered **essential health benefits (EHB)**.



Any formulary drugs beyond that number can be classified as **non-essential health benefit (NEHB)**.



SaveOnSP strategically classifies drugs outside the ACA benchmark from EHB to NEHB



The plan increases the copay to leverage the full amount of manufacturer assistance and ensures member enrollment in copay assistance



Which results in a zero member cost — maximizing savings for the member and plan

Learn more about how SaveOnSP works.  
[click here](#) to watch a short video

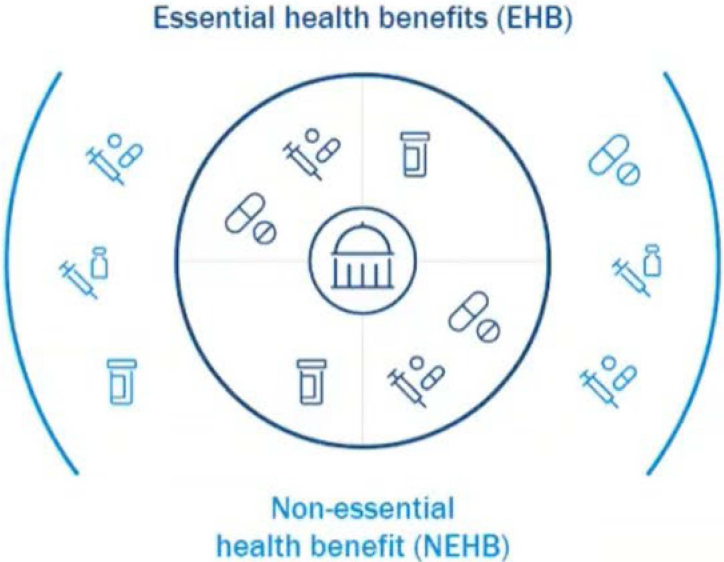
CMS Essential Health Benefit requirement details are available here - <https://www.cms.gov/ocio/resources/data-resources/ehb#ehb>

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# How EHB and NEHB coverage works

SaveOnSP uses the Affordable Care Act to maximize copay assistance allowing members and plans to benefit



	EHB	NEHB
Covered on formulary	✓	✓
Subject to clinical reviews	✓	✓
Rebate-eligible	✓	✓
Subject to standard plan design, deductible & OOP	✓	
New plan design applies with copay not attributing to deductible or OOP		✓
Copay still applicable after OOP is met*		✓
\$0 post-OOP copay	✓	

\* SaveOnSP copay to be offset by copay assistance, resulting in \$0 member cost



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## Adjudication process example



\*Tertiary is used when copay assistance has a remaining balance or when copay assistance has been exhausted. Not all claims will require tertiary billing to result in \$0 member cost.

\*\*Amount billed through tertiary will be invoiced back to the client

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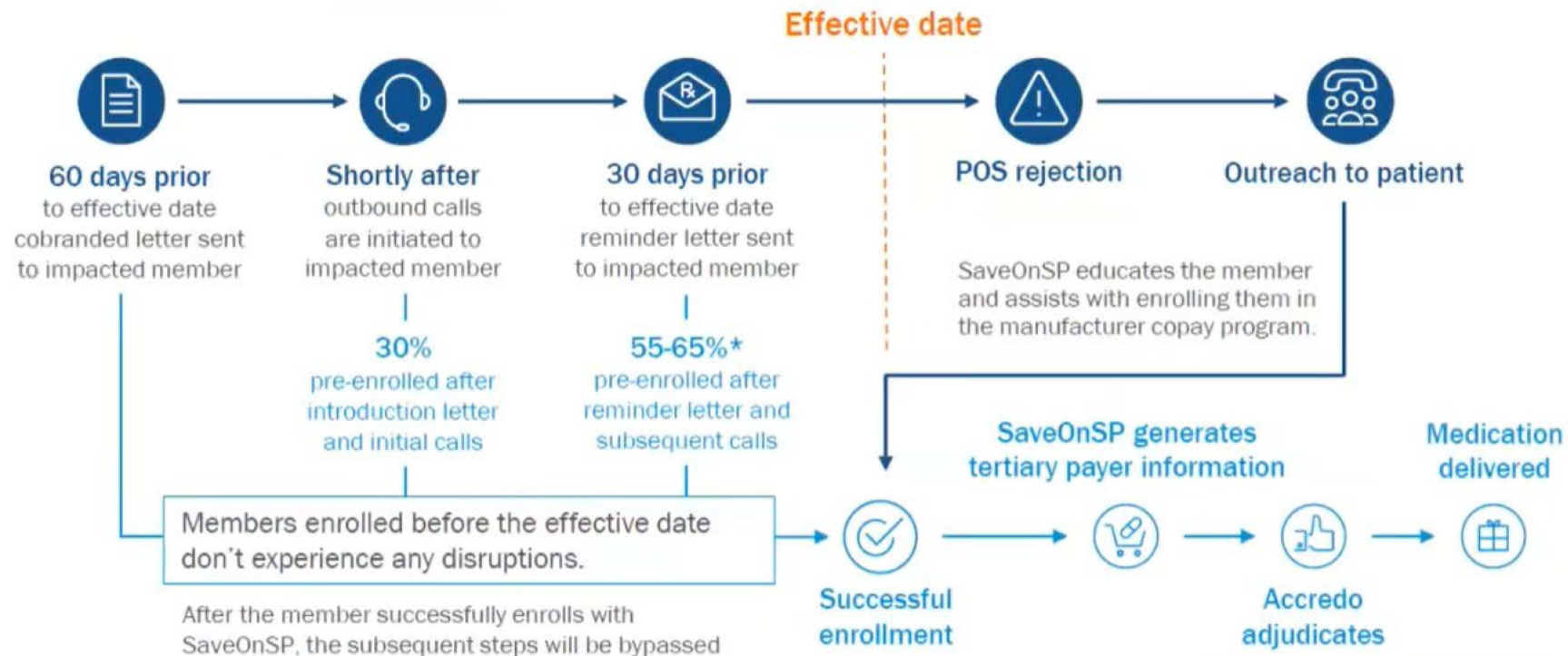
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## Outreach prior to effective date

Members identified from claims history file about 90 days before effective date



\* Enrollment results are multifactorial and vary based on member responsiveness, plans meeting implementation deadlines and plan communication support.

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## SAVEONSP

### IPBC

#### CLIENT SUMMARY

43.3 K  
total lives

612  
members benefiting

4,402  
impacted claims

\$32  
average member copay per rx

#### BENEFIT FOR PATIENTS AND THE CLIENT



\$4.9 M  
annual plan savings \*

\$9.38  
PMPM client savings\*

\$0  
remaining member cost

Every month you lose \$406,809 without SaveOnSP setup

\*Net of program shared savings fee. Savings based on sponsor's utilization, the most restrictive state benchmark and ESI National Preferred, Basic and High Performance Formulary. Savings may vary based on sponsor's actual utilization or a different benchmark or formulary. Savings do not represent any type of guarantee by SaveOnSP or ESI.



## SAVEONSP

### IPBC Excluding HSA Groups

#### CLIENT SUMMARY

41.8 K  
total lives

595  
members benefiting

4,282  
impacted claims

\$33  
average member copay per rx

#### BENEFIT FOR PATIENTS AND THE CLIENT



\$4.7 M  
annual plan savings \*

\$9.45  
PMPM client savings\*

\$0  
remaining member cost

Every month you lose \$394,977 without SaveOnSP setup

\*Net of program shared savings fee. Savings based on sponsor's utilization, the most restrictive state benchmark and ESI National Preferred, Basic and High Performance Formulary. Savings may vary based on sponsor's actual utilization or a different benchmark or formulary. Savings do not represent any type of guarantee by SaveOnSP or ESI.

## SAVEONSP

# Implementation Timeline



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## Invoicing process



- Establish average copay member paid before SaveonSP is implemented
- Client will receive 100% of savings at point of sale
- SaveonSP receives claims files from Express Scripts
- SaveonSP analyzes claims files and builds reports every 4 weeks\*
- Based on SaveonSP reports, Express Scripts invoices client monthly on their administrative fee invoice
- Express Scripts report available upon request
- Client reviews and pays Express Scripts, as outlined in the contract

\*First invoice details provided to Express Scripts 75 days after effective date; fee will appear on the first client admin invoice after that date

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